

**MULTIPLE DEPENDENT CLAIM**  
**FEE CALCULATION SHEET**  
 (FOR USE WITH PTO-875)

10

SERIAL NO.

541794

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		12					53						
4		10					54						
5		10					55						
6		10					56						
7		10					57						
8		10					58						
9		10					59						
10		10					60						
11		10					61						
12	1						62						
13		1					63						
14		12					64						
15		10					65						
16		10					66						
17		10					67						
18		10					68						
19		10					69						
20		10					70						
21		10					71						
22		10					72						
23	1						73						
24		1					74						
25		12					75						
26		10					76						
27		10					77						
28		10					78						
29		10					79						
30		10					80						
31		10					81						
32		10					82						
33		10					83						
34	1						84						
35		1					85						
36		12					86						
37		10					87						
38		12					88						
39		10					89						
40		10					90						
41		10					91						
42		10					92						
43		10					93						
44		10					94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	40	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	44						TOTAL CLAIMS						